

DCFS PMF 111 – TRAVEL AUTHORIZATION FORM (T/A) INSTRUCTIONS

PMF 111
TRAVEL AUTHORIZATION
(05/12)

Reimbursement for all travel expenses will be made in accordance with the Travel Regulations prescribed by the Governor, through the Division of Administration. See Policy and Procedure Memorandum No. 49, Travel Regulations and Departmental Travel Procedures as amended.

TRAVEL AUTHORIZATION
Department of Children and Family Services

Division 1	Section 2	Agency No. Organization and Reporting Category 3	Domicile 4	Date of Request 5	Effective Date 6
Name of Employee 7				Trip Number 8	
Title of Position 9				Personnel Number 10	
Home Address 11					
12 Type of Authorization (Complete Detail Estimation Section) <input type="checkbox"/> Single Trip		<input type="checkbox"/> Travel Privileges (Complete reverse) <input type="checkbox"/> Advance Request		13 Special Approvals <input type="checkbox"/> Weekend Travel <input type="checkbox"/> 50% Actual Routine Lodging <input type="checkbox"/> 75% Actual Routine Lodging <input type="checkbox"/> Actual Conference Lodging <input type="checkbox"/> Out of State	

Purpose of Trip or Necessity for Travel

14

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Employee's Signature

DETAIL ESTIMATION OF TRAVEL EXPENSES: (For Single Trip, Out-of-State Travel or Advance)

Air Fare		\$	16	
Personal Car	17 Miles at 51 Cents Per Mile	\$	18	
Rental Car		\$	19	
Limousine, Taxi, Etc.		\$	20	\$ 21
Subsistence	Lodging	\$	22	\$ 24
	Meals	\$	23	
Tolls and Parking				\$ 25
Tips				\$ 26
Other Expenses	Registration Fees	\$	27	\$ 30
	28	\$	29	
TOTAL ESTIMATED REQUIRED EXPENDITURE				\$ 31

I hereby certify that the prescribed duties of the position and the incumbent thereof as specified above necessitate travel expenditures of the nature and amount herein specified for which authorization is hereby requested under the provisions of law and regulation.

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Manager Signature

Director/Section Administrator Signature

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Type/ Print Name

Type/Print Name

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Authorized by Department Head
or Designee

TRAVEL ADVANCE AGREEMENT

If a Travel Advance is received in conjunction with the criteria outlined in PPM49 Section 1503.B. "Funds for Travel Expenses" and DCFS Travel Policy 1-14, the following guidelines shall apply:

1. A paper Travel Expense Form (PMF 110) with all required receipts, approvals, waivers, etc., must be completed and submitted to the DCFS Travel Unit no later than the 10th day following the completion of travel. Indicate **"TRAVEL ADVANCE REPORT"** on the Travel Expense Form (PMF 110) next to the dates in the "FOR PERIOD" section. **DO NOT ENTER THE EXPENSE REPORT IN THE SELF ENTRY ISIS TRAVEL SYSTEM.** Scan or email the paper Travel Expense Form (PMF 110) and attachments to the DCFS Travel Unit at DCFSTravel@la.gov. Indicate your Personnel Number, Name and Travel Advance Report in the subject line.

2. If actual expenses are more than the advance, upon receipt and audit of the expense report, a check for the difference will be issued.

3. If actual expenses are less than the amount of the advance, a personal check or money order for the difference must be attached to the Travel Expense Form (PMF110). The check/money order must be payable to DCFS. In the memo section indicate "Travel Advance, Personnel Number, Last Name and trip dates". Submit the Travel Expense Form and attachments (approvals, receipts, waivers, etc.) to the following address:

Department of Children and Family Services
Attention: Travel Unit
P.O. Box 3927
Baton Rouge, LA 70821

4. The Travel Expense Form (PMF 110), receipts, approvals, and waivers will be audited. Depending on audit findings the Travel Expense Form (PMF 110) may require corrections and/or changes in the amount submitted for clearance of the travel advance. You will be contacted by the DCFS Travel Unit for any modifications.

5. If there are questions regarding the clearance or repayment of travel advances, please contact the DCFS Travel unit at DCFSTravel@la.gov.

ACCEPTANCE STATEMENT

In accordance with the DCFS Travel Policy 1-14, my acceptance of advanced travel funds authorizes this agency to withhold my payroll check or checks and issue a supplemental payroll check for the deduction of any advanced funds not cleared or refunded by the 10th day after completion of travel.

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Employee Signature

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Date

FRONT (PAGE 1) OF FORM

1. **DIVISION:** Examples: Executive Division, Operations Division, Programs Division, Management and Finance Division.
2. **SECTION:** Examples: Child Welfare, Child Support, Fiscal Services
3. **AGENCY NUMBER, ORGANIZATION AND REPORTING CATEGORY:** The Agency No, is 360 - Enter in your organization and reporting category both are 4 digit number.
4. **OFFICIAL DOMICILE:** Employee's official domicile, including physical address.
5. **DATE OF REQUEST:** Date making the request.
6. **EFFECTIVE DATE:** Date travel begins and ends. If the travel privileges box is selected in section 12 of the Travel Authorization, the effective date should be the first date the employee could be authorized to travel.
7. **NAME OF EMPLOYEE:** Employee's name as it will appear with Human Resources.
8. **TRIP NUMBER:** This number will be assigned by OMF's Travel Office.
9. **TITLE OF POSITION:** Employee's Civil Service or position title.
10. **PERSONNEL NUMBER:** Employee's Personnel Number.
11. **HOME ADDRESS:** Employee's address.
12. **TYPE OF AUTHORIZATION:** Check the appropriate box.

Travel Privileges

New travelers must check this box to be granted travel privileges in LEO. Existing travelers must check this box, if a change is needed to his/her assigned cost center in LEO.

Single Trip

For in-state, non-routine travel (i.e. conference or convention travel) check Single Trip authorization. Detail Estimation of Travel Expenses section must be completed.

Attach this T/A to the T/E. OMF Travel Office will assign the T/A number and code it to the T/E.

When 10 employees or fewer are traveling to the same conference or meeting, each employee must submit an individual travel authorization with original signatures. The Travel Unit will not accept blanket travel authorizations for 10 or fewer employees.

All blanket travel authorizations must include a list of employees attending the conference and estimated cost for each employee.

Advance Request

A T/A must be prepared for each advance request. Amount requested must be \$300 or greater. Amount under \$300.00 requires the Department Head or Designee approval on line 36 of the T/A. Detail Estimation of Travel Expenses section must be completed, and the reverse side (page 2) of the form must be signed and dated (see Item Numbers 37 and 38).

13. SPECIAL APPROVALS:

Weekend Travel

Check if travel will include a Saturday, Sunday, or Holiday. Weekend travel requires Department Head or Designee approval on line 36.

50% Actual Routine Lodging

The Department head or designee has the authority to approve actual routine lodging provisions on a case by case basis, not to exceed 50% over [PPM 49](#) current listed rates. Justification must be in the file to show that attempts were made with hotels in the area to receive the state/best rate.

75% Actual Routine Lodging

In areas where the Governor has declared an emergency, a Department Head or his/her designee will have the authority to approve actual routine lodging provisions on a case by case basis not to exceed **seventy-five percent** over PPM-49 current listed rates.

Out-of-State

Check for all out-of-state trips. Detail Estimation of Travel Expenses section must be completed. Attach this T/A to the T/E. OMF Travel Office will assign the T/A number and code it to the T/E.

Actual Conference Lodging

The Department head or designee has the authority to approve the actual cost of conference lodging, for single occupancy standard room, when the traveler is staying at the designated conference hotel. If there are multiple designated conference hotels, the lowest designated conference hotel should be utilized, if available. This allowance does not include Agency Hosted Conference Lodging Allowances.

14. **PURPOSE OF TRIP OR NECESSITY FOR TRAVEL:** Complete this area when Single Trip or Out-of-State is checked. State the reason, i.e. conference; location; and beginning and ending date of travel.
15. **EMPLOYEE'S SIGNATURE:** Employee must sign here.
16. **AIR FARE:** Enter the estimated airfare.
17. **PERSONAL CAR:** Fill in number of miles at 48 cents per mile.

18. **PERSONAL CAR/DOLLAR AMOUNT:** Enter the total estimated amount from Item 17.
19. **RENTAL CAR:** Enter the estimated cost for the rental car.
20. **LIMOUSINE, TAXI, ETC.:** Enter the estimated cost for this transportation.
21. **TOTAL:** Enter the total of Items 16, 18, 19, and 20.
22. **SUBSISTENCE/LODGING:** Enter the estimated cost for lodging.
23. **SUBSISTENCE/MEALS:** Enter the estimated cost for meals.
24. **TOTAL:** Enter the total of Items 22 and 23.
25. **TOLLS AND PARKING:** Enter the estimated amount for tolls and parking.
26. **TIPS:** Enter the estimated amount for baggage tips.
- Employees should refer to [Louisiana State Employees' Travel Guide \(PPM 49\)](#) for approved rates.
27. **OTHER EXPENSES/REGISTRATION FEES:** Enter the estimated amount of registration and other fees. Note: If no travel is involved, payment of registration fees can be requested on PMF 108.
28. **OTHER EXPENSES:** Use this area to explain the cost of transporting training materials or any other type of expense not covered above.
29. **OTHER EXPENSES AMOUNT:** Enter the cost of the other expenses listed in Item 28.
30. **OTHER EXPENSES/TOTAL:** Enter the total of Items 27 and 29.
31. **TOTAL ESTIMATED REQUIRED EXPENDITURE:** Enter the total of Items 21, 24, 25, 26, and 30.
32. **SIGNATURE/MANAGER:** Signature of person responsible for monitoring the organization budget (cost center).
33. **SIGNATURE/DIRECTOR/SECTION ADMINISTRATOR:** Signature of Director or Section Administrator.
34. **TYPE/PRINT NAME OF MANAGER:** Type or print the name of person responsible for monitoring the organization budget (cost center).
35. **TYPE/PRINT NAME OF DIRECTOR/SECTION ADMINISTRATOR:** Type or print the name of Director or Section Administrator.
36. **SIGNATURE/AUTHORIZED BY DEPARTMENT HEAD OR DESIGNEE:** Signature of Department Head or Designee.

BACK (PAGE 2) OF FORM

- 37. ACCEPTANCE STATEMENT/EMPLOYEE SIGNATURE:** Employee must sign the Acceptance Statement if requesting an advance check.
- 38. ACCEPTANCE STATEMENT/DATE:** Enter the date the employee signs the statement.